



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• NJD081895161

INSTALLATION ADDRESS

FINITE INDUSTRIES INC.  
746 GOTHAM PARKWAY  
CARLSTADT

NJ 07072

746 GOTHAM PARKWAY  
CARLSTADT

NJ 07072

U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

INSTALLATION'S EPA I.D. NO.	NAME: <span style="float: right;">PRESS HARD WHEN FILLING IN NAME &amp; ADDRESS.</span> <div style="text-align: right;">HERE</div>
I. NAME OF INSTALLATION	FINITE INDUSTRIES, INC.
II. INSTALLATION MAILING ADDRESS	STREET ADDRESS: <div style="text-align: right;">IN THIS SPACE</div> 746 GOTHAM PARKWAY
III. LOCATION OF INSTALLATION	CITY, STATE, & ZIP CODE: CARLSTADT, NEW JERSEY 07072

FOR OFFICIAL USE ONLY

COMMENTS	
C	

15 16										17 18																																																	
INSTALLATION'S EPA I.D. NUMBER															APPROVED					DATE RECEIVED (yr., mo., & day)																																							
<table border="1"> <tr> <td>3</td><td colspan="10"></td><td colspan="2">T/A</td><td>C</td> </tr> <tr> <td>F</td><td>N</td><td>J</td><td>D</td><td>0</td><td>8</td><td>1</td><td>8</td><td>9</td><td>5</td><td>1</td><td>6</td><td>1</td><td>3</td><td>1</td> </tr> </table>															3											T/A		C	F	N	J	D	0	8	1	8	9	5	1	6	1	3	1						<table border="1"> <tr> <td>8</td><td>1</td><td>1</td><td>2</td><td>2</td><td>9</td> </tr> </table>					8	1	1	2	2	9
3											T/A		C																																														
F	N	J	D	0	8	1	8	9	5	1	6	1	3	1																																													
8	1	1	2	2	9																																																						

[illegible]

II. INSTALLATION MAILING ADDRESS																				
STREET OR P.O. BOX																				
C	3	7	4	6	G	O	T	H	A	M	P	A	R	K	W	A	Y			

CITY OR TOWN															ST.		ZIP CODE					
C	A	R	L	S	T	A	D	T	,							N	J	0	7	0	7	2

III. LOCATION OF INSTALLATION	
STREET OR ROUTE NUMBER	
5	7 4 6 G O T H A M P A R K W A Y

CITY OR TOWN															ST.		ZIP CODE				
C															N	J	0	7	0	7	2

IV. INSTALLATION CONTACT																																		
NAME AND TITLE (last, first, & job title)																PHONE NO. (area code & no.)																		
C																																		
Z	R	O	B	E	R	T	G	F	R	E	I	D	E	N	R	I	C	H	P	R	E	S.	2	0	1	-	9	3	9	-	0	5	6	5
																						63	46	-	48		49	-	51	52	-	59		

V. OWNERSHIP	
A. NAME OF INSTALLATION'S LEGAL OWNER	
8	F I N I T E I N D U S T R I E S I N C

<b>B. TYPE OF OWNERSHIP</b> (enter the appropriate letter into box)		<b>VI. TYPE OF HAZARDOUS WASTE ACTIVITY</b> (enter "X" in the appropriate box(es))	
F = FEDERAL M = NON-FEDERAL	M	<input checked="" type="checkbox"/> <b>A. GENERATION</b> <input type="checkbox"/> <b>C. TREAT/STORE/DISPOSE</b>	<input type="checkbox"/> <b>B. TRANSPORTATION</b> (complete item VII) <input type="checkbox"/> <b>D. UNDERGROUND INJECTION</b>

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify):
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**VIII. FIRST OR SUBSEQUENT NOTIFICATION**

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

[illegible]IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

EPA Form 8700-12 (6-80)

CONTINUE ON REVERSE



I.D. - FOR OFFICIAL USE ONLY									
W									
1	2	3	4	5	6	7	8	9	10

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**B. HAZARDOUS WASTES FROM SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U 2 2 0	U 1 5 9	U 2 3 9			
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**D. LISTED INFECTIOUS WASTES.** Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.


49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

**E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES.** Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE (D001)
 ☐ 2. CORROSIVE (D002)
 ☐ 3. REACTIVE (D003)
 ☐ 4. TOXIC (D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) Robert G. Freidenrich President	DATE SIGNED 12/16/81
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Phone:  
(201) 939-0565

*Imendment*

2 SOUTH COMMERCIAL AVE.  
CARLSTADT, N. J. 07072

December 16, 1981

Tom Taccone  
United States Environmental Protection Agency  
Region 2  
Information Service Center  
Room 302  
26 Federal Plaza  
New York, New York 10278

Dear Tom:

As per our telephone conversation, I am enclosing completed Notification of Hazardous Waste Activity, so that we may receive our permanent ID#.

We were previously classified as a small quantity waste generator, and since that time I believe the law has changed.

We were previously given a temporary emergency ID#-NJPO007707-768 (Provisional Number), to dispose of some waste. This number has since expired the 30 day period.

I reference # NJD-081895161, the number you advised me of when we spoke, as you mentioned this may become our permanent number.

I will call you shortly to acknowledge receipt of this letter and to confirm all is in order so we may receive our number.

Very truly yours,

*Elizabeth Serwin*

Elizabeth Serwin  
Office Manager

ES:tbm  
enc.

DEC 21 2 47 PM '81  
ENVIRONMENTAL PROTECTION AGENCY  
NEW YORK, N.Y. 10007  
PERMITS ADMINISTRATION BRANCH



## ROUTING AND TRANSMITTAL SLIP

Date

12/24/79

TO: (Name, office symbol, room number,  
building, Agency/Post)

Initials

Date

1.

2.

3.

4.

5.

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

## REMARKS

These ~~people~~ <sup>Previously</sup> notified as  
a Small quantity generator (SQG)  
Their ~~number~~ SQG Number is  
NJDO81845161 - Now they  
are working officially as a  
regulated generator

DO NOT use this form as a RECORD of approvals, concurrences, disposals,  
clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)

Room No.—Bldg.

Phone No.

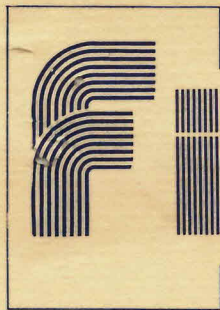
5041-102

OPTIONAL FORM 41 (Rev. 7-76)

Prescribed by GSA  
FPMR (41 CFR) 101-11.206

☆ U.S. G.P.O. 1980-311-156/10





*file*

**FINITE**  
INDUSTRIES, INC.

Phone:  
(201) 939-0565

RECEIVED  
PAB 5 2 05 PM '81  
AUG 5  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007

*already coded as SQ*  
NJD08189516

2 SOUTH COMMERCIAL AVE.  
CARLSTADT, N. J. 07072

July 27, 1981

Richard A. Baker, Ph.D.  
Chief  
Permits Administration Branch - Room 432  
United States Environmental Protection Agency  
26 Federal Plaza  
New York, New York 10278

Re: Your letter of July 8, 1981  
Follow-up to issuance of Provisional Identification  
Number NJP0007707768 EPA Form 8700-12 Notification  
of Hazardous Waste Activities

Dear Mr. Baker,

In response to your letter, as captioned above, in accordance with your Federal Register, Section 261.5 Special requirements for hazardous waste generated by small quantity generators, we are in this classification.

As we generate considerably less than the 1000 kilograms per calendar month, I feel that we are not subject to regulation.

If we are not in agreement, kindly contact me.

Very truly yours,

*Elizabeth Serwin*  
Elizabeth Serwin

ES;tbm  
enc.

*NOT A TSD*  
SQG

*R*





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
EDISON, NEW JERSEY 08817

PAC  
AUG 5 2 05 PM '81  
ENVIRONMENTAL PROTECTION  
AGENCY  
NEW YORK, N.Y. 10007

July 8, 1981

Ms. Elizabeth Serwin  
Finite Industries, Inc.  
746 Gotham Parkway  
Carlstadt, New Jersey 07072

Subject: Follow-up to Issuance of Provisional Identification  
Number NJP000770768 EPA Form 8700-12 Notification  
of Hazardous Waste Activities

Dear Ms. Serwin:

On July 7, 1981 you were issued the above provisional EPA Identification Number on an emergency basis. The number will expire thirty (30) days from the date of this letter and its use thereafter will not be recognized. This provisional number is only valid for hazardous waste activity at the specific site authorized. Enclosed is a Notification of Hazardous Waste Activity (Form 8700-12) package. The form should be completed and signed after the instructions are carefully read. You should indicate the above referenced provisional ID number at the top of the form. The completed form should be returned within ten (10) days after your receipt of this letter to:

Richard A. Baker, Ph.D.  
Chief  
Permits Administration Branch - Room 432  
United States Environmental Protection Agency  
26 Federal Plaza  
New York, New York 10278

Your submittal of the attached notification form will enable you to comply with the requirements of the Resource Conservation and Recovery Act (RCRA) during the thirty day life span of the provisional I.D. number. If you anticipate any hazardous waste activity under RCRA at this specific site for a period exceeding 30 days, you should indicate this fact to us in a letter submitted with this form. We will then assign a permanent EPA ID number to this site and you will be so notified. Your letter should also state whether or not your activity will include the treatment, storage or disposal of hazardous wastes as defined by RCRA. If one or more of these activities are anticipated, then you may be required to apply for and obtain a hazardous waste management permit.



If all operations at the site for which this provisional number has been issued are terminated within 30 days, you will not need to obtain the permanent EPA ID number. However, you should submit to us within 45 days of receipt of this letter a report which includes:

- 1) The date hazardous waste activity at the site started;
- 2) The date all hazardous waste activity at the site terminated;
- 3) Copies of all applicable manifest documents;
- 4) A summary of all hazardous wastes handled, including weights and volumes of each respective waste type.

If you have any questions concerning this matter you may write to Mr. Richard A. Baker (address above). Your cooperation in the RCRA program is appreciated.

Sincerely yours,

Fred N. Rubel  
Chief, Hazardous Response Branch

Enclosure





ENVIRONMENTAL PROTECTION AGENCY  
HAZARDOUS WASTE DATA MANAGEMENT SYSTEM  
FACILITY MAINTENANCE FORM

CARD CODE	FACILITY IDENTIFICATION NUMBER	TRANS CODE	CARD NO	NOTIFICATION APPROVAL	DATE NOTIFIED	PERMIT APPLICATION APPROVAL	DATE PART A PERMIT REC'D	NOTIFICATION CONFIDENTIAL	PART A CONFIDENTIALITY	CLOSURE DATE
F	NJ0081895161	3	1		8/1/22					M

FACILITY IDENTIFICATION NUMBER	FACILITY CONTACT NAME/POSITION	AREA CODE	CONTACT TELEPHONE NUMBER	PARENT ID NUMBER	MT	CT	NZ
F	ROBERT G. FREIDENRICH PRES.	201	939-8565				M

FACILITY IDENTIFICATION NUMBER	MAILING ADDRESS	FACILITY IDENTIFICATION NUMBER	MAILING CITY
F	746 GOTHAM PARKWAY	F	CARLSTADT

FACILITY IDENTIFICATION NUMBER	DISTRICT CODE	RIVER BASIN CODE	LATITUDE	LONGITUDE
F	3	6		

FACILITY IDENTIFICATION NUMBER	SIC	NEW SIC	FACILITY IDENTIFICATION NUMBER	SIC	NEW SIC	FACILITY IDENTIFICATION NUMBER	SIC	NEW SIC
F	3	7	F	3	7	F	3	7

FACILITY IDENTIFICATION NUMBER	FACILITY OPERATOR NAME	ACTIVITY CODE	TRANSPORT MODE	EXISTENCE DATE
F	FINITE INDUSTRIES INC	MX		

FACILITY IDENTIFICATION NUMBER	TYPE	PERMIT NUMBER	TYPE	NEW PERMIT NUMBER	FACILITY IDENTIFICATION NUMBER	TYPE	PERMIT NUMBER	TYPE
F	3	9			F	3	9	

FACILITY IDENTIFICATION NUMBER	DATE NOTIFICATION ACKNOWLEDGEMENT SENT	DATA INTERIM STATUS ACKNOWLEDGEMENT SENT	INTERIM STATUS ACKNOWLEDGEMENT II	FACILITY IDENTIFICATION NUMBER	OPERATOR PHONE	OPERATOR STREET
F	3	0		F	3	A

FACILITY IDENTIFICATION NUMBER	OPERATOR CITY	OPER STATE	OPERATOR ZIP CODE	INDIAN LAND	FACILITY IDENTIFICATION NUMBER	OWNER PHONE	
F	3	B			F	3	E

FACILITY IDENTIFICATION NUMBER	FACILITY OWNER NAME	FACILITY IDENTIFICATION NUMBER	FACILITY OWNER CITY		
F	3	F	F	3	G

FACILITY IDENTIFICATION NUMBER	PROCESS CODE	AMOUNT	UNIT	NEW PROCESS CODE	NEW AMOUNT	NEW UNIT	FACILITY IDENTIFICATION NUMBER	PROCESS CODE	AMOUNT
C	3	I					C	3	I

CARD F6 COLUMN 55 DRAWING INDICATOR

CARD F9 COLUMN 50 MAP INDICATOR

CARD F2 COLUMN 68 RCRA MODIFY CONSTRUCT

CARD F2 COLUMN 70 RCRA NON-REGULATED

CARD F6 COLUMN 56 PHOTOGRAPH INDICATOR

CARD F9 COLUMN 51 NATURE OF BUSINESS

CARD F2 COLUMN 69 RCRA COMMERCIAL



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF HAZARDOUS WASTE MANAGEMENT  
HAZARDOUS WASTE INSPECTION REPORT

EP A

DWM-029

GENERATOR INSPECTION REPORT

FACILITY INFORMATION

FACILITY NAME: Finite Industries  
FILE NUMBER: 02-05-58  
VHT FACILITY FILE NUMBER: \_\_\_\_\_  
PERMIT #: \_\_\_\_\_  
REGION: M  
INSPECTION DATE: 8/8/89  
INCIDENT/CASE NUMBER: \_\_\_\_\_  
INSPECTION TYPE: RCRA-Gen/LB  
RESPONSIBLE AGENCY CODE: S  
INSPECTOR'S NAME: Chris FeliceTTi  
INSPECTOR'S AGENCY: NSDEP-DHWM  
INSPECTOR'S BUREAU: MBE  
EPA ID NUMBER: NJD 081895161  
ADDRESS: 746 Gotham Pkwy  
Carlstadt, N.J. 07072  
LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_  
COUNTY: Bergen  
FACILITY PERSONNEL: William Roth  
TELEPHONE #: (201) 939-0565  
OTHER STATE/EPA PERSONNEL: \_\_\_\_\_  
REPORT PREPARED BY: Chris FeliceTTi  
REVIEWED BY: MAsterling  
DATE OF REVIEW: 9-11-89

RECEIVED  
SEP 11 1989  
1:58 PM  
HWM



1/2

On August 9, 1989 I conducted a RCRA inspection on Finite Ind. in Carlstadt, NJ. The facility representative was Mr. William Roth, Chief Chemist. The facility was last inspected on 7/25/86.

Finite Ind. manufactures pressure sensitive tape for electronics and general uses. The tape is a basic cellophane substrate, differentiated by adhesive type and amount, and color. They buy large rolls of the tape substrate and formulate adhesives, in color, as needed for specific customers. The adhesive is then pumped through a large roller machine that applies it to the tape. The adhesive is solvent based, so after application, it goes through a drying process. The solvent is condensed, collected, and reused. The tape is then cut to order, packaged and shipped.

Past practices resulted in two primary waste streams; Off-spec product, and spent solvent from machine clean-ups. The facility notified in '89 of on site recycling activities, and received approval from BHWE in June, 1989. The still was to be used to reclaim as much material from the waste adhesive as possible, thus minimizing waste. However, new process practices have eliminated this waste. The facility now batches its adhesive strictly to order, and cures only one drum at a time, as it is needed. This eliminates the problem of cured drums exceeding the shelf life. To date the facility has had no off-spec product.

The other waste stream has also been eliminated. The solvent generated from cleaning the machine is now being segregated by adhesive type and color.



The material is recycled and reintroduced into the process the next time a compatible adhesive/color combination is needed. Material that is too contaminated to use as is, is distilled before reuse; none of this material was present at time of inspection. This material is generated in the solvent condenser unit of the manufacturing process. The material is placed in the recovery unit directly from this process. At the time of the inspection none of the drums (which were properly labeled and dated) had been on site for greater than 90 days. 6 fifty five gallon drums of used toluene were on site for reuse.

The documentation review found 2 manifests for 1987, and several for periods prior to that time. The other required paperwork was present and in adequate compliance for this facility.

As the spent solvent is exempt from hazardous waste regulation per NJAC 7:26-8.2(a)19, and they have virtually eliminated the off-spec product waste stream, I find the facility to be a **Small Quantity Generator** of hazardous waste and exempt from full regulation. No further action needs to be taken at this time.



PAGE 1

GEN: FINITE IND INC  
F005  
CARLSTADT  
NONHL SOLV & STLBTH  
N00001895161

TSD: SPECTRON INCORPORATED  
MAN: MDC0126183  
ELKTON  
AMT: 5500 6  
MDD0000218008  
DATE: 8/19/87

GEN: FINITE IND INC  
F005  
CARLSTADT  
NONHL SOLV & STLBTH  
N00001895161

TSD: SPECTRON INCORPORATED  
MAN: MDC0126173  
ELKTON  
AMT: 3742 6  
MDD0000218008  
DATE: 8/27/87

*manifest Search DATA*

TIME IN: \_\_\_\_\_

TIME OUT: \_\_\_\_\_

PHOTOS TAKEN ( ) YES ( ☒ ) NO

IF YES, HOW MANY? \_\_\_\_\_

SAMPLE TAKEN ( ) YES ( ☒ ) NO

NO. OF SAMPLES \_\_\_\_\_

NJDEP SAMPLE ID#: \_\_\_\_\_

MANIFESTS REVIEWED ( ☒ ) YES ( ) NO

Number of manifests in compliance 4

Number of manifests not in compliance 0

List manifest document numbers of those manifests not in compliance.



-A1-

## SUMMARY OF FINDINGS

**FACILITY DESCRIPTION AND OPERATIONS:**

This image shows a single sheet of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. A faint vertical crease or fold line is present down the center of the page. There are no markings, text, or illustrations on the paper.

-A3-

## SUMMARY OF FINDINGS

FACILITY DESCRIPTION AND OPERATIONS (continued):

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



-B-

Describe the activities that result in the generation of hazardous waste.

off-spec chemicals/product  
- evaporation of solvent from tape  
- machine washouts.

Identify the hazardous waste located on site, and estimate the approximate quantities of each. (Identify Waste Codes)

6 x 55gal drums F003/F005

GENERAL CHECKLIST		YES	NO	N/A
<b>GENERAL</b>				
7:26-7.4(a)1	Does the Generator have an EPA ID number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>HAZARDOUS WASTE DETERMINATION</b>				
7:26-8.5(a)	Did the generator test its waste to determine whether it is hazardous?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7:26-8.5(b)	Did the generator determine the hazardous characteristics based upon knowledge of process?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the waste hazardous?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-8.5(d)	Were test results, waste analysis, or other determinations made in accordance with this section kept for three years from the date that the waste was last sent to an on-site or off-site TSF?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MANIFESTS</b>				
7:26-7.4(a)4	Does each manifest have the following information? Please circle the elements missing and obtain a copy of the incomplete manifests. (List those manifests that are deficient on G-1).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4i	The generator's name, address and phone number.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4ii	The generator's EPA ID number.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4iii	The hauler(s) name, address phone number and NJ registration.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4iv	The hauler(s) EPA ID number.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4v	The name, address and phone number of the designated TSD facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4vi	The TSF's EPA ID number.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4v	The name, address and phone number of the designated TSD facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4vii	The name, type and quantity of hazardous waste being shipped, including such particulars as may be required regarding same?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)4viii	Special handling instructions and any other information required on the form to be shipped by generator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-7.4(3)	Did the generator describe all N.O.S. wastes in Section J?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)ix	When shipping hazardous waste to a waste reuse facility does the generator enter the waste reuse facility I.D. # in the section G of the Uniform Manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5	Before allowing the manifested waste to leave the generator's property, did the generator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5i	Sign the manifest certification by hand?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5ii	Obtain the handwritten signature of the initial transporter and date of acceptance on the manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5iii	Retain one copy and forward one copy to the state of origin and one copy to the state of destination?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5iv	Provide the required numbers of copies for: generator, each hauler, owner/operator of the designated facility, as well as one copy returned to the generator by the facility owner/operator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(a)5v	Give the remaining copies of the manifest form to the hauler?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(f)	Has the generator maintained facility records for three (3) years? (Manifest(s), exception report(s) and waste analysis)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(h)1	Has the generator received signed copies of portion B (from the TSD facility ) of all manifests for waste shipped off site more than 35 days ago?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-7.4(h)1	If not: Did the generator contact the hauler and/or the owner or operator of the TSDF and the NJDEP at (609) 292-8341 to inform the NJDEP of the situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-7.4(h)2	Have exception reports been submitted to the Department covering any of these shipments made more than 45 days ago?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

7:26-9.3

Accumulation Time

How is waste accumulated on site?

- ☒ Containers  
☐ Tanks (greater than 90 days)  
(complete HWMF (TSD) Facility Checklist)  
☐ Tanks (less than 90 days)  
☐ Above ground  
☐ Below ground  
☐ Surface impoundments  
(complete HWMF (TSD) Facility Checklist)  
☐ Piles (complete HWMF checklist)

YES NO N/A

7:26-9.3(a)1

Is waste accumulated for more than  
90 days?                      
                  ✓

STOP HERE IF THE HAZARDOUS WASTE MANAGEMENT FACILITY (TSF) CHECKLIST IS  
FILLED OUT.



Short term accumulation standards for generators who accumulate waste in containers and tanks for 90 days or less:

<u>Containers</u>		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-9.4	What type of containers are used for storage. Describe size, type, quantity, and nature of waste (e.g. 12 fifty-five gallon drums of waste acetone).	6 x 55 gal drums FOO3/FOO5		
		—	—	—
7:26-9.4(d)2	Do the containers appear to be in good condition, not in danger of leaking?	✓	—	—
	If no, describe the problem (include number of containers involved.)			
7:26-9.4(d)4i	Are all containers securely closed except those in use?	✓	—	—
7:26-9.4(d)4iii	Do the containers appear to be properly handled or stored in a manner which will minimize the risk of the container rupturing and/or leaking?	✓	—	—
7:26-9.4(d)4iv	Are containerized hazardous wastes segregated in storage by waste type?	✓	—	—
7:26-9.4(d)4v	Is every container arranged so that its identification label is visible?	✓	—	—
7:26-9.4(d)5	Is the container storage area inspected at least daily?	✓	—	—
7:26-9.4(d)6	Are containers holding ignitable and reactive wastes located at least 50 (fifty) feet (15 meters) from the facilities property line?	✓	—	—
7:26-7.2(a)	Did the owner/operator conspicuously label appropriate manifest number on all hazardous waste containers that are intended for shipment?	✓	—	—
7:26-9.3(a)3	Is each container clearly dated with each period of accumulation so as to be visible for inspection?	✓	—	—

YES NO N/A

7:26-7.2(b)

Did the owner/operator insure that all containers used to transport hazardous waste off site are in conformance with applicable DOT regulations? (49CFR 171, 179)

✓ — —

Tanks (Less than 90 day storage)

7:26-9.3(b)

Does the generator accumulate hazardous waste on-site in an above ground tank?

— — ✓

If yes, describe the tank(s):

- 1) Capacity \_\_\_\_\_
- 2) Shell thickness \_\_\_\_\_
- 3) Material Construction \_\_\_\_\_
- 4) Age of tank \_\_\_\_\_

One Tank - is  
in process.

7:26-9.3(b)

Does the generator have written approval from the Department to store hazardous waste(s) in this tank(s) for ninety days or less?

— — —

7:26-9.3(b)1

Does each tank(s) have sufficient shell thickness to ensure the tank will not collapse or rupture as specified by the Department?

— — —

7:26-9.3(b)4

Is the tank(s) designed so that at least 99% of the volume of each of the tanks can be emptied by direct pumping or drainage?

— — —

7:26-9.3(b)5

Is each tank(s) rendered empty (1% or less remaining) every 90 days or less?

— — —

7:26-9.3(b)6

Are all wastes removed from the tank(s) shipped off-site to an authorized facility or placed in an on-site, authorized facility?

— — —

7:26-9.3(b)8

If part of the tank is below grade, is it constructed to allow visual inspection of the tank, comparable to a totally above-ground tank and is secondary containment provided for the below grade part?

— — —

7:26-10.5(c)1

Are materials which are incompatible with the material of construction of the tank(s) placed in the tank(s)?

— — —

7:26-10.5(c)2

Does the generator use appropriate controls and practices to prevent overfilling?

— — —



		<u>YES</u>	<u>NO</u>	<u>N/A</u>
7:26-10.5(c)211	For uncovered tanks, is there sufficient (two feet or acceptable documentation) freeboard to prevent overtopping by wave or wind action by or precipitation?	—	—	—
7:26-9.3(b)3	Does each tank(s) or storage tank area have secondary containment?	—	—	—
7:26-10.5(d)1	Is the containment system capable of collecting and holding spills, leaks, and precipitation?	—	—	—
7:26-10.5(d)11	Is the base underlying the tank(s) free from cracks, gaps, and sufficiently impervious to contain leaks, spills, and accumulated rainfall until the collected material is detected and removed?	—	—	—
7:26-10.5(d)11	Does the containment system consist of material compatible with the wastes being stored?	—	—	—
7:26-10.5(d)111	Is the containment system sloped or otherwise designed to efficiently drain and remove liquids resulting from leaks, spills and precipitation?	—	—	—
7:26-10.5(d)111	Is the tank protected from contact with accumulated liquids?	—	—	—
7:26-10.5(d)iv	Does the containment system have sufficient capacity to contain ten percent of the volume of all tanks or the volume of the largest tanks whichever is greater?	—	—	—
7:26-10.5(d)2	Is run-on into the containment area prevented?	—	—	—
	If not, explain.			
7:26-10.5(d)3	Is precipitation removed from the pump or collection area in a timely manner to prevent blockage or overflow of the collection system?	—	—	—
7:26-10.5(d)4	Is spilled or leaked waste removed from the pump or collection area daily?	—	—	—

YES NO N/A

7:26-10.5(d)41	If the collected material is hazardous waste under NJAC 7:26-8, it is managed as a hazardous waste in accordance with all applicable requirements of this chapter?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)4	<u>Personnel Training</u>  Have facility personnel successfully completed a program of classroom instruction or on-the-job training since six months after the date of their employment or assignment to the facility or to a new position at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)5	Has facility personnel taken part in an annual review of initial training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)2	Is the program directed by a person trained in hazardous waste management procedures and does it include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan to implementation) relevant to the positions in which they are employed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is there written documentation of the following:			
7:26-9.4(g)61	Job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)611	A written job description for each position related to hazardous waste management?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)6111	A written job description on the type and amount of both introductory and continuing training that has been and will be given to personnel in jobs related to hazardous waste management?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)61v	Documentation of actual training or experience received by personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)7	Are training records kept on all current employees until closure of the facility and training records kept on former employees for three years from their last date of employment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES NO N/A

7:26-9.6

Preparedness and prevention

Does the facility comply with preparedness and prevention requirements including maintaining:

7:26-96(b)1

An internal communications or alarm system?

✓ — —

7:26-9.6(b)2

A telephone or other device to summon emergency assistance from local authorities?

✓ — —

7:26-9.6(b)3

Portable fire equipment, spill control equipment, and decontamination equipment?

✓ — —

7:26-9.6(b)4

Water at adequate volume and pressure to supply water hose streams, or foam producing equipment, or automatic sprinklers, or water spray system?

✓ — —

7:26-9.6(c)

Is equipment tested and maintained?

✓ — —

7:26-9.6(d)1

Is there immediate access to communications or alarm systems during systems during handling of hazardous waste?

✓ — —

7:26-9.6(e)

Adequate aisle space (18") to allow unobstructed movement of personnel fire protection equipment, spill control equipment and decontamination equipment?

✓ — —

If no, please explain.

In your opinion, do the types of waste on site require all of the above procedures, or are some not required?

✓ — —

Explain.

7:26-9.6(f)

Has the facility made the following arrangements, as appropriate for the type waste handled on site:

— — —

7:26-9.6(f)1

Familiarize police, fire departments and emergency response teams with the layout of the facility and hazardous waste handled - associated hazardous places where facility personnel would normally be working, entrances and roads inside facility and possible evacuation routes.

✓ — —



YES NO N/A

7:26-9.6(f)2	Where more than one police and fire department might respond to an emergency, is there an agreement designating primary emergency authority to a specific police or fire department, and agreements with any others to provide support to the primary emergency authority?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(f)3	Agreements with emergency response contractors, and equipment supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(f)4	Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosion, or discharges at the facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(f)5	Arrangement with local fire departments to inspect the facility on a regular basis with at least two (2) inspections annually?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.6(f)6	If authorities identified in (f)1 through 5, above decline to enter into such arrangements, has the owner, or operator documented this refusal in the operating record.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-9.4(g)8	Are semi-annual drills conducted involving all employees and appropriate local authorities to test emergency response capabilities at the facility in accordance with the contingency plan and emergency procedures development pursuant to NJAC 7.26-9.7?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:26-9.4(g)81	If no, did the owner or operator petition the Department for an exemption from the semi annual drills requirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7:26-9.4(g)811	Did the owner or operator petition the Department for an exemption excluding some or all local officials in the semi annual drill requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If yes, did the owner operator provide those specific local officials with written approval of the exemption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YES NO N/A

7:26-9.7

Contingency Plan and Emergency Procedures

7:26-9.7(a)

Does the facility have a written contingency plan for emergency procedures designed to deal with fires, explosions, hazards to human health or environment, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents into air, soil or surface water?

☒ ☐ ☐

7:26-9.7(b)

Are provisions of the plan carried out immediately whenever there is a fire, explosion, or release of hazardous waste or hazardous waste constituents which could threaten human health or the environment?

☒ ☐ ☐

7:26-9.7(c)

Does the contingency plan describes the actions facility personnel shall take in response to fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water at the facility?

☒ ☐ ☐

7:26-9.7(d)

Did the owner or operator prepare a Spill Prevention, Control, and Countermeasures (SPCC) Plan in accordance with 40 CFR 112 or 300 or a Discharge Prevention Containment and Countermeasure (DPCC) Plan in accordance with N.J.A.C. 7:1E-4.1 et seq.

☒ ☒ ☒

If yes, did the owner or operator amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this section?

☐ ☐ ☐

7:26-9.7(e)

Does the plan describe arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services?

☒ ☐ ☐

YES NO N/A

- 7:26-9.7(f) Does the plan list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and is this list kept up to date? Where more than one person is listed, one shall be named as primary emergency coordinator and others shall be listed in the order in which they will assume responsibility as alternates?
- 7:26-9.7(g) Does the plan include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external) and decontamination equipment), where this equipment is required? Is the list up-to-date? In addition, does the plan include the location and physical description of each item on the list, and a brief outline of its capabilities?
- 7:26-9.7(h) Does the plan include an evacuation procedure for facility personnel where there is a possibility that evacuation could be necessary? Does this plan describe signal(s) to be used to begin evacuation, evacuation routes, and alternative evacuation routes (in case where the primary route could be blocked by releases of hazardous waste or fires)?
- 7:26-9.7(i) Is a copy of the contingency plan and all revisions to the plan:
1. Maintained at the facility;
  2. Has the contingency plan been submitted to local authorities (police fire departments, emergency response teams)?
- 7:26-9.7(k) Is there an employee on site or on call at all times with the responsibility of coordinating, all emergency response measures?





# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: January 21, 2016 - 2:15 PM

Version 5.0

## User Selection Criteria

Location:	New Jersey, all activities	Activity Location:	None Chosen
Handler ID:	NJD081895161	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 01/21/2016		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

## Results

Data meeting the criteria you selected follows.

Total Pages:8      Total Handlers:1

## Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

## Report Information

Name: cme\_foia.rdf  
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance  
Deployed: June 2006  
Last Updated: May 2012  
Contact: rcrainfo.help@epa.gov  
Tables Used: cmecomp3, ccitation3, hreport\_univ5, lu\_citation, lu\_state, hid\_groups  
Libraries: none

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: January 21, 2016 - 2:15 PM

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## SCAPA N.A.

County Name / Code: BERGEN / NJ003

NJD081895161

Location: 746 GOTHAM PARKWAY; CARLSTADT, NJ 07072

REGION 02

Mailing: 746 GOTHAM PARKWAY; CARLSTADT, NJ 07072

Activity Location: NJ	State District:	Accessibility:	Non-Notifier:	Extract Flag: Y	Active Site: Y
Generator: LQG	Transporter: N	Operating TSDF: -----	IC In Place: N	El Indicator (HE / GW): N / N	Subpart K: -----
Short-Term Gen: N	Transfer Facility: N	Offsite Receiver: N	HSM: N		
Full Enforcement: -----	Converter: -----	State Unaddressed SNC: N	EPA Unaddressed SNC: N		
CA Wrkld: N	State TSDF: -----	State Addressed SNC: N	EPA Addressed SNC: N		
Active State Gen: N		State SNC w/Comp Sched: N	EPA SNC w/Comp Sched: N		

Violation: Activity Location: NJ	Type: 265.I	Determined Date: 08/16/2007	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date:		Actual Compliance Date:	RTC Qualifier:	Sequence Number: 9
Citation Information: Seq # 1	Type FEDERAL REGULATION	Citation 265.173(a)		
CEI Evaluation 08/16/2007	Activity Location: NJ	By: State	Identifier: 001	Person: NOSDS
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: N
			Day Zero: 08/16/2007	Found Violation: YES
				Focus Area:
Enforcement: Activity Location: NJ	Type: 120	Action Date: 08/16/2007	Identifier: 001	
Docket:	Agency: State	Responsible Person: NOSDS	Branch: N	
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	

Violation: Activity Location: NJ	Type: 262.B	Determined Date: 05/05/2004	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date: 06/03/2004		Actual Compliance Date: 06/30/2004	RTC Qualifier: OBSERVED	Sequence Number: 7
CEI Evaluation 05/05/2004	Activity Location: NJ	By: State	Identifier: 001	Person: COMES
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: N
			Day Zero:	Found Violation: YES
				Focus Area:
Enforcement: Activity Location: NJ	Type: 310	Action Date: 05/03/2005	Identifier: 001	
Docket:	Agency: State	Responsible Person: COMES	Branch: N	
Penalty Information: Proposed:	Final Monetary: \$9,000	Collected:	Total Final: \$9,000	
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	
Enforcement: Activity Location: NJ	Type: 210	Action Date: 11/29/2004	Identifier: 001	
Docket:	Agency: State	Responsible Person: COMES	Branch: N	
Penalty Information: Proposed: \$9,000	Final Monetary:	Collected:	Total Final:	
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	
Enforcement: Activity Location: NJ	Type: 120	Action Date: 05/05/2004	Identifier: 001	
Docket:	Agency: State	Responsible Person: COMES	Branch: N	
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:	

Violation: Activity Location: NJ	Type: 262.A	Determined Date: 05/05/2004	Determined by Agency: State	Responsible Agency: State
Scheduled Compliance Date: 06/03/2004		Actual Compliance Date: 06/30/2004	RTC Qualifier: OBSERVED	Sequence Number: 8
CEI Evaluation 05/05/2004	Activity Location: NJ	By: State	Identifier: 001	Person: COMES
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Branch: N
			Day Zero:	Found Violation: YES
				Focus Area:

\* Note: Penalty amount may not reflect all violations cited.



# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: January 21, 2016 - 2:15 PM

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## SCAPA N.A., NJD081895161, CARLSTADT, NJ, continued -

Enforcement:	Activity Location: NJ	Type: 310	Action Date: 05/03/2005	Identifier: 001			
Docket:		Agency: State	Responsible Person: COMES	Branch: N			
Penalty Information: Penalty Information Printed Above							
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:				
Enforcement:	Activity Location: NJ	Type: 210	Action Date: 11/29/2004	Identifier: 001			
Docket:		Agency: State	Responsible Person: COMES	Branch: N			
Penalty Information: Penalty Information Printed Above							
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:				
Enforcement:	Activity Location: NJ	Type: 120	Action Date: 05/05/2004	Identifier: 001			
Docket:		Agency: State	Responsible Person: COMES	Branch: N			
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:				
Violation:	Activity Location: NJ	Type: 262.B	Determined Date: 12/12/2001	Determined by Agency: State	Responsible Agency: State		
Scheduled Compliance Date: 01/14/2002		Actual Compliance Date: 01/07/2002	RTC Qualifier: OBSERVED	Sequence Number: 6			
CEI Evaluation	12/12/2001	Activity Location: NJ	By: State	Identifier: 001	Person: NORJA	Branch: N	Found Violation: YES
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
Enforcement:	Activity Location: NJ	Type: 120	Action Date: 12/12/2001	Identifier: 001			
Docket:		Agency: State	Responsible Person: NORJA	Branch: N			
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:				
Violation:	Activity Location: NJ	Type: 262.A	Determined Date: 05/20/1999	Determined by Agency: State	Responsible Agency: State		
Scheduled Compliance Date: 06/20/1999		Actual Compliance Date: 06/09/1999	RTC Qualifier: OBSERVED	Sequence Number: 5			
NRR Evaluation	06/09/1999	Activity Location: NJ	By: State	Identifier: 000	Person: NJJM	Branch: N	Found Violation: YES
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
CEI Evaluation	05/20/1999	Activity Location: NJ	By: State	Identifier: 000	Person: NJJM	Branch: N	Found Violation: YES
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
Enforcement:	Activity Location: NJ	Type: 120	Action Date: 05/20/1999	Identifier: 000			
Docket:		Agency: State	Responsible Person: NJJM	Branch: N			
CA Component: N	Disposition Status:	Appeal Initiated:	Appeal Resolved:				
Violation:	Activity Location: NJ	Type: 262.A	Determined Date: 03/31/1997	Determined by Agency: State	Responsible Agency: State		
Scheduled Compliance Date: 04/15/1997		Actual Compliance Date: 04/15/1997	RTC Qualifier: OBSERVED	Sequence Number: 4			
NRR Evaluation	04/15/1997	Activity Location: NJ	By: State	Identifier: 000	Person: NJSS	Branch: M	Found Violation: YES
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
NRR Evaluation	03/31/1997	Activity Location: NJ	By: State	Identifier: 000	Person: NJSS	Branch: M	Found Violation: YES
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:

\* Note: Penalty amount may not reflect all violations cited.

# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: January 21, 2016 - 2:15 PM

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## SCAPA N.A., NJD081895161, CARLSTADT, NJ, continued -

Enforcement:	Activity Location: NJ	Type: 120	Action Date: 03/31/1997	Identifier: 000		
Docket:		Agency: State	Responsible Person: NJSS	Branch: M		
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:		
Violation:	Activity Location: NJ	Type: 262.A	Determined Date: 10/26/1993	Determined by Agency: State	Responsible Agency: State	
Scheduled Compliance Date: 11/24/1993		Actual Compliance Date: 12/30/1993	RTC Qualifier: OBSERVED	Sequence Number: 3		
FRR Evaluation 12/30/1993	Activity Location: NJ	By: State	Identifier: 000	Person: NJJD	Branch: M	Found Violation: YES
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
CEI Evaluation 10/26/1993	Activity Location: NJ	By: State	Identifier: 000	Person: NJJD	Branch: M	Found Violation: YES
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
Enforcement:	Activity Location: NJ	Type: 120	Action Date: 10/26/1993	Identifier: 000		
Docket:		Agency: State	Responsible Person: NJ	Branch: M		
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:		
Violation:	Activity Location: NJ	Type: 262.A	Determined Date: 07/25/1986	Determined by Agency: State	Responsible Agency: State	
Scheduled Compliance Date:		Actual Compliance Date: 04/23/1987	RTC Qualifier: OBSERVED	Sequence Number: 1		
CEI Evaluation 07/25/1986	Activity Location: NJ	By: State	Identifier: 002	Person: R2DEP	Branch:	Found Violation: YES
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
Enforcement:	Activity Location: NJ	Type: 310	Action Date: 06/18/1999	Identifier: 000		
Docket:		Agency: State	Responsible Person: NJ	Branch:		
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:		
Enforcement:	Activity Location: NJ	Type: 210	Action Date: 04/03/1987	Identifier: 001		
Docket:		Agency: State	Responsible Person: R2DEP	Branch:		
Penalty Information: Proposed: \$9,625		Final Monetary: \$9,625	Collected:	Total Final: \$9,625		
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:		
Enforcement:	Activity Location: NJ	Type: 120	Action Date: 07/25/1986	Identifier: 000		
Docket:		Agency: State	Responsible Person: NJ	Branch:		
CA Component: N	Disposition Status:		Appeal Initiated:	Appeal Resolved:		
Violation:	Activity Location: NJ	Type: 262.A	Determined Date: 07/25/1986	Determined by Agency: State	Responsible Agency: State	
Scheduled Compliance Date:		Actual Compliance Date: 06/11/1988	RTC Qualifier: UNVERIFIABLE	Sequence Number: 2		
CEI Evaluation 07/25/1986	Activity Location: NJ	By: State	Identifier: 002	Person: R2DEP	Branch:	Found Violation: YES
Citizen Complaint: NO	Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
No Linked Enforcements						

\* Note: Penalty amount may not reflect all violations cited.

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SCAPA N.A., NJD081895161, CARLSTADT, NJ, continued -

## Evaluations With No Violations:

CEI Evaluation	06/16/2011	Activity Location: NJ	By: State	Identifier: 001	Person: COMLE	Branch: N	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero: 06/16/2011		Focus Area:
NRR Evaluation	07/19/2004	Activity Location: NJ	By: State	Identifier: 001	Person: COMES	Branch: N	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
CSE Evaluation	06/14/2004	Activity Location: NJ	By: State	Identifier: 001	Person: COMES	Branch: N	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
SNN Evaluation	05/07/2004	Activity Location: NJ	By: State	Identifier: 001	Person: COMES	Branch: N	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
SNY Evaluation	05/06/2004	Activity Location: NJ	By: State	Identifier: 001	Person: COMES	Branch: N	Found Violation: N/A
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
SNN Evaluation	06/10/1999	Activity Location: NJ	By: State	Identifier: 001	Person: NORJA	Branch: N	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
SNY Evaluation	05/21/1999	Activity Location: NJ	By: State	Identifier: 000	Person: NJJM	Branch: N	Found Violation: N/A
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
CEI Evaluation	11/14/1995	Activity Location: NJ	By: State	Identifier: 000	Person: NJBA	Branch: M	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
CEI Evaluation	08/08/1989	Activity Location: NJ	By: State	Identifier: 003	Person: R2DEP	Branch:	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:
NRR Evaluation	02/15/1984	Activity Location: NJ	By: State	Identifier: 001	Person:	Branch:	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:

Total Number of Handlers: 1

Total Number of Activity Locations: 1

\* End of Report \*

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## Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

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## Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Violation Type	Description
262.A	GENERATORS - GENERAL
262.B	GENERATORS - MANIFEST
265.I	TSD IS-CONTAINER USE AND MANAGEMENT

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE
CSE	COMPLIANCE SCHEDULE EVALUATION
FRR	FINANCIAL RECORD REVIEW
NRR	NON-FINANCIAL RECORD REVIEW
SNN	NOT A SIGNIFICANT NON-COMPLIER
SNY	SIGNIFICANT NON-COMPLIER

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# FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

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## Description of codes used on the report:

Enforcement Type	Enforcement Description
120	WRITTEN INFORMAL
210	INITIAL 3008(A) COMPLIANCE
310	FINAL 3008(A) COMPLIANCE ORDER

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